



TOWN OF SUMMERVILLE PARKS & RECREATION

2016 YOUTH SPORTS REGISTRATION FORM

Gender: ☐ Male ☐ Female Date of Birth: ____ / ____ / ____

Sport: _____ Season: _____

Player's Legal Name _____
(As Appears on Birth Certificate) Last First M.I.

Home Phone: _____ Email Address: _____

Mother's Name: _____ Cell Number: _____

Father's Name: _____ Cell Number: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS (17 YEARS & UNDER)

IN CONSIDERATION OF _____, my minor child/ward ("my child"), being allowed to participate in any way in the Town of Summerville Parks & Recreation program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE Town of Summerville, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event (HEREIN AFTERWARDS REFERRED TO AS "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and,
3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT/GUARDIAN SIGNATURE

PRINTED NAME

DATE

EMERGENCY INFORMATION AND CONSENT
(Given to League Director and Coach for Emergency Situations)

Participant's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Relationship: _____

Emergency Number(s): _____

Family Physician Name: _____ Phone: _____

Allergies (List ALL): _____

Medical Conditions: _____

I/we hereby grant consent to any and all Health Care Providers designated by the Town of Summerville Parks & Recreation Department to provide my child any necessary care as result of any injury/illness. This consent includes First aid and transportation to/from Health Care Providers by Coach or Emergency Services.

PARENT/GUARDIAN SIGNATURE

DATE

IMAGE RELEASE

IN CONSIDERATION OF _____, my minor child/ward ("my child"), I understand and agree that by being allowed to participate in the Town of Summerville Parks & Recreation Department program, related events, and activities, that my child's likeness may be photographed and/or videotaped and that such image(s) may be published in an outlet used to promote or publicize the program.

PARENT/GUARDIAN SIGNATURE

DATE

COACHES & SPONSORS

I _____ would like to volunteer as a head coach or assistant coach.

Please contact me at _____ about becoming a team sponsor.

For more information on team sponsorship, please contact Tim Orvin at (843)851-5211.

FOR OFFICE USE ONLY

Sport: _____

____ Resident

____ Non-Res

Date: ____ / ____ / ____ Birth Certificate ____ Insurance ____

Amount Paid _____ Receipt # _____

Form of Payment: Cash Credit Card Check# _____ Money Order